



LR-E04-0462

October 21, 2004

New Jersey Department of  
Environmental Protection  
Division of Water Quality  
Bureau of Permit Management  
P.O. Box 029  
Trenton, NJ 08625-0029  
Certified Mail Number 7003 0500 0003 4363 8916

**NEW JERSEY POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORTS  
SALEM GENERATING STATION  
PERMIT NO. NJ0005622**

Attached is the Discharge Monitoring Report for Salem Generating Station containing the information as required in Permit No. NJ0005622, for the month of September 2004.

This report is required by and prepared specifically for the Environmental Protection Agency (EPA) and the New Jersey Department of Environmental Protection (NJDEP). It presents only the observed results of measurements and analyses required to be performed by the above agencies. The choice of the measurement devices and analytical methods is controlled by EPA and NJDEP, not by the company, and there are limitations on the accuracy of such measurement devices and analytical techniques even when used and maintained as required. Accordingly, this report is not intended as an assertion that any instrument has measured, or any reading or analytical result represents, the true value with absolute accuracy, nor is it an endorsement of the suitability of any analytical or measurement procedure.

Sincerely,

A handwritten signature in black ink, appearing to read "M. H. Brothers", with a long, sweeping horizontal line extending to the right.

Michael H. Brothers  
Vice President  
Site Operations

Attachments

Handwritten initials "IERS" in a stylized, cursive script.

NJPDES Report  
September 2004

C     Executive Director – DRBC  
       USNRC – Document Control Desk Unit#1-50-272 Unit#2-50-311  
       Director – Nuclear Safety & Licensing  
       C. McAuliffe, Esq.  
       D. Hurka  
       E. Keating  
       SCH04-038

NJPDES Report  
Explanation of Deviations  
September 2004

The following excursions are included in the attached report and are explained below. Excursions have not endangered nor significantly impacted public health or the environment.

<u>DSN NO.</u>	<u>EXPLANATION</u>
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None	
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COUNTY OF SALEM  
STATE OF NEW JERSEY

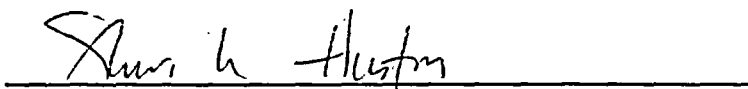
I, Michael H. Brothers, of full age, being duly sworn according to law, upon my oath depose and say:

1. I Michael H. Brothers, Vice President of Site Operations for PSEG Nuclear, and as such, am authorized to sign Salem's Discharge Monitoring Reports submitted to the New Jersey Department of Environmental Protection pursuant to the Station's New Jersey Pollutant Discharge Elimination System permit.
2. I have reviewed the attached Discharge Monitoring Reports. Pursuant to N.J. A. C. 7:14A-2.4, I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that based on my inquiry of those individuals responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.
3. The signature on the attached Discharge Monitoring Reports is my signature and I am submitting this affidavit in satisfaction of the requirement that my signature be notarized.



Michael H. Brothers  
Vice President  
Site Operations

Sworn and subscribed before me  
this 21 day of Oct 2004

  
Commission expires 1-15-09



TO: David Hurka  
Nuclear Specialist, PSEG Power

October 11, 2004  
Report No. TP04054A

**SUBJECT: RECORD OF RHODAMINE WT DYE INJECTION FOR CIRCULATING  
WATER FLOW TEST AT SALEM GENERATING STATION**

CONDUCTED BY: Victor Simpson - Sr. Test Engineer, Maplewood Testing Services

**PURPOSE**

To report the date, time, amount and concentration of Rhodamine WT dye released to the river while testing at Salem Generating Station.

**SUMMARY**

Listed in the table below are the data pertinent to the injection of Rhodamine WT dye at Salem Generating Station - Unit No. 1. Testing is complete at this station.

Test Date	Pump No.	Injection Time		Pure Dye Injected (ml)	Number of Pumps in Service	Total System Flow (1000 gpm)	Effluent Concentration (ppb)
		(start)	(stop)				
09/21/04	11A	1110	1129	24.62	6	1110.0	0.34
09/21/04	11B	1345	1401	20.46	6	1110.0	0.35
09/21/04	12A	1414	1432	23.36	6	1110.0	0.35
09/21/04	12B	1534	1547	18.85	6	1110.0	0.35
09/21/04	13A	1650	1708	23.62	6	1110.0	0.35
09/21/04	13B	1801	1821	26.42	6	1110.0	0.35
09/21/04	11B	1329	1336	10.16	6	1110.0	0.35
09/21/04	11B	1337	1344	10.20	6	1110.0	0.35
09/21/04	13A	1633	1641	11.85	6	1110.0	0.35
09/21/04	13A	1641	1648	10.34	6	1110.0	0.35
09/21/04	13B	1747	1800	19.26	6	1110.0	0.35

Paul Scherba  
Senior Supervising Test Engineer  
MTS Mechanical Division



TO: David Hurka  
Nuclear Specialist, PSEG Power

October 11, 2004  
Report No. TP04054

**SUBJECT: DETERMINATION OF CIRCULATING WATER FLOW AT  
SALEM GENERATING STATION - UNIT NO. 1**

**CONDUCTED BY: Victor Simpson**  
Sr. Test Engineer, Maplewood Testing Services

**SUMMARY**

The Mechanical Division of Maplewood Testing Services conducted a series of test runs at Salem Generating Station Unit No.1 to determine the capacities of the circulating water pumps shown in the table below.

Work was performed under SAP work orders:  
30094716, 30094786, 30094823, 30094772, 30094738, 30094773

Final results are as follows:

**SUMMARY OF TEST RESULTS**

Pump No.	CMS Pump Desig.	Test Date	Measured Pump Capacity (gpm)	Pump Suction Head (ft h2o)	Pump Discharge Head (ft h2o)	Total Static Head (ft h2o)
11A	I	09/21/04	159613	-12.4	8.8	21.2
11B	A	09/21/04	158588	-8.3	14.3	22.6
12A	H	09/21/04	160045	-7.7	14.0	21.7
12B	F	09/21/04	144982	-6.1	17.3	23.3
13A	M	09/21/04	155591	-5.9	17.0	22.9
13B	J	09/21/04	137636	-6.7	22.3	29.0

Note: Pump suction heads and discharge heads corrected to elevation 100'

David Hurka  
Nuclear Specialist, PSEG Power

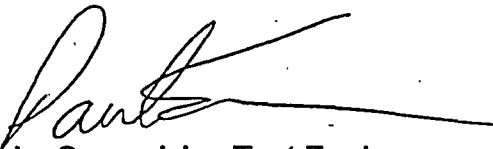
October 11, 2004  
Report No. TP04054

### TEST METHOD

The circulating water flow rate was determined by fluorometry using MTS Mechanical Division Work Instruction TPG-19 Rev. 7 "Water Flow Using The Turner Fluorometer". Rhodamine WT dye was injected into the bell mouth of each pump using 1/2 inch PVC pipe with a carrier flow of screen wash water at 3 gallons per minute.

The dye was injected at a known rate using a peristaltic pump and a class A burette to measure rate. The diluted sample was retrieved and monitored by taking a sample from the inlet water box piping. The ratio of the injected concentration to the sample concentration multiplied by the injection flow rate yielded the circulator flow rate.

The total static head was obtained by measuring the pump suction head in feet from elevation 100' and the pump discharge head in feet of water at the water box inlet. After correcting for elevation, the total pump head was calculated as the pump discharge head minus the pump suction head.



Senior Supervising Test Engineer  
MTS Mechanical Division

c R. Swartzwelder  
F. Todd

New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:												
NJ0005622	<table border="1"><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td>9</td><td>1</td><td>2004</td></tr></table> To <table border="1"><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td>9</td><td>30</td><td>2004</td></tr></table>	Month	Day	Year	9	1	2004	Month	Day	Year	9	30	2004	FACA – SW Outfall FACA
Month	Day	Year												
9	1	2004												
Month	Day	Year												
9	30	2004												

**PERMITTEE:**

PSE&G NUCLEAR LLC  
PO BOX 236/N21  
ALLOWAY CREEK NEAK RD  
HANCOCKS BRIDGE, NJ 08038

**LOCATION OF ACTIVITY:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**

PSE&G NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE:

☐

No Discharge this Monitoring Period

☐

Monitoring Report Comments Attached

**WHO MUST SIGN** The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of and/or imprisonment, pursuant to N.J.A.C. 7:14A-6.9(B). The New Jersey water Pollution Control Act provides for penalties up to \$50,000 per violation.

Michael H. Brothers, Vice President Operations

N/A

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR \*LICENSED OPERATOR

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR \*LICENSED OPERATOR

10/20/2004

856-339-2900

DATE

AREA CODE/PHONE NUMBER

*\*For a local agency where the highest-ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall sign the following certification:*

I certify under penalty of law and in accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attached discharge monitoring reports.

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER



# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACA SW Outfall FACA

9/1/2004 TO 9/30/2004

PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 G Raw Sew/Influent	SAMPLE MEASUREMENT	*****	*****		*****	24.2	27.0		0	Continuous	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
	MDL										
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	31.3	34.6		0	Continuous	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	46.1 01DAMX	DEG.C		Continuous	CONTIN
	MDL										
Temperature, oC 00010 2 Effluent Net Value	SAMPLE MEASUREMENT	*****	*****		*****	7.0	9.0		0	1/Day	CALCTD
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD
	MDL										
Lab Certification #  99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		PA 343	17451					
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	MDL										

Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us".

New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
NJ0005622	Month	Day	Year	To	Month	Day	Year	FACB – SW Outfall FACB
	9	1	2004		9	30	2004	

**PERMITTEE:**

PSE&G NUCLEAR LLC  
PO BOX 236/N21  
ALLOWAY CREEK NEAK RD  
HANCOCKS BRIDGE, NJ 08038

**LOCATION OF ACTIVITY:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**

PSE&G NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE:

☐

No Discharge this Monitoring Period

☐

Monitoring Report Comments Attached

**WHO MUST SIGN** The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification.

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Michael H. Brothers, Vice President Operations

N/A

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR \*LICENSED OPERATOR

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR \*LICENSED OPERATOR

10/20/2004

856-339-2900

DATE

AREA CODE/PHONE NUMBER

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I certify under penalty of law and in accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attached discharge monitoring reports.

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

NJ0005622

MONITORED LOCATION:


FACB SW Outfall FACB

MONITORING PERIOD:

9/1/2004 TO 9/30/2004

FACILITY NAME:

PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	24.2	27.0		0	Continuous	CONTIN
00010 G Raw Sew/Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
	MDL	*****	*****		*****						
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	31.8	35.0		0	Continuous	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	46.1 01DAMX	DEG.C		Continuous	CONTIN
	MDL	*****	*****		*****						
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	7.6	10.9		0	1/Day	CALCTD
00010 2 Effluent Net Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD
	MDL	*****	*****		*****						
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		PA 343	17451					
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	MDL	*****	*****		*****						

Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us".

New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

<b>NJPDES PERMIT</b>	<b>MONITORING PERIOD</b>	<b>MONITORED LOCATION:</b>												
<b>NJ0005622</b>	<table border="1"><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td>9</td><td>1</td><td>2004</td></tr></table> To <table border="1"><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td>9</td><td>30</td><td>2004</td></tr></table>	Month	Day	Year	9	1	2004	Month	Day	Year	9	30	2004	<b>FACC – SW Outfall FACC</b>
Month	Day	Year												
9	1	2004												
Month	Day	Year												
9	30	2004												

**PERMITTEE:**  
PSE&G NUCLEAR LLC  
PO BOX 236/N21  
ALLOWAY CREEK NEAK RD  
HANCOCKS BRIDGE, NJ 08038

**LOCATION OF ACTIVITY:**  
PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**  
PSE&G NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

**REGION / COUNTY:** Southern / Salem County

**CHECK IF APPICABLE:** ☐ No Discharge this Monitoring Period ☐ Monitoring Report Comments Attached

**WHO MUST SIGN** The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification.

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<u>Michael H. Brothers, Vice President Operations</u>	<u>N/A</u>
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
<u>MH</u>	<u>10/20/2004</u> <u>856-339-2900</u>
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER

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I certify under penalty of law and in accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attached discharge monitoring reports.

<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
NANE AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622
 MONITORED LOCATION: FACC SW Outfall FACC
 MONITORING PERIOD: 9/1/2004 TO 9/30/2004
 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 G Raw Sew/Influent	SAMPLE MEASUREMENT	2398	2625	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
	MDL										
Thermal Discharge Million BTUs per Hr 00015 2 Effluent Net Value	SAMPLE MEASUREMENT	11717	14527	MBTU/HR	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	30600 01DAMX		*****	*****	*****			1/Day	CALCTD
	MDL										
Lab Certification #  99999 99 Lab.	SAMPLE MEASUREMENT	17327	06431		P1343	17451					
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
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New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

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<b>NJ0005622</b>	<table border="1"><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td>9</td><td>1</td><td>2004</td></tr></table> To <table border="1"><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td>9</td><td>30</td><td>2004</td></tr></table>	Month	Day	Year	9	1	2004	Month	Day	Year	9	30	2004	<b>048C – SW Outfall 48C</b>
Month	Day	Year												
9	1	2004												
Month	Day	Year												
9	30	2004												

**PERMITTEE:**

PSE&G NUCLEAR LLC  
PO BOX 236/N21  
ALLOWAY CREEK NEAK RD  
HANCOCKS BRIDGE, NJ 08038

**LOCATION OF ACTIVITY:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**

PSE&G NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

**REGION / COUNTY:** Southern / Salem County

**CHECK IF APPLICABLE:**

☐ No Discharge this Monitoring Period

☐ Monitoring Report Comments Attached

**WHO MUST SIGN** The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification.

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Michael H. Brothers, Vice President Operations

N/A

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR \*LICENSED OPERATOR

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR \*LICENSED OPERATOR

DATE

AREA CODE/PHONE NUMBER

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N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

048C SW Outfall 48C

9/1/2004 TO 9/30/2004

PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.1776	0.3804	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
50050 1	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
Effluent Gross Value	MDL										
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	8	8	MG/L	0	2/Month	COMPOS
00530 1	PERMIT REQUIREMENT	*****	*****		*****	30 01MOAV	100 01DAMX			2/Month	COMPOS
Effluent Gross Value	MDL										
Nitrogen, Ammonia Total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	5	MG/L	0	2/Month	COMPOS
00610 1	PERMIT REQUIREMENT	*****	*****		*****	35 01MOAV	70 01DAMX			2/Month	COMPOS
Effluent Gross Value	MDL										
Petroleum Hydrocarbons	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.5	<0.5	MG/L	0	2/Month	GRAB
00551 1	PERMIT REQUIREMENT	*****	*****		*****	10 01MOAV	15 01DAMX			2/Month	GRAB
Effluent Gross Value	MDL										
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	*****	*****	*****	21	32	MG/L	0	2/Month	COMPOS
00680 1	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	50 01DAMX			2/Month	COMPOS
Effluent Gross Value	MDL										
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		PA343	17451					
99999 99	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
Lab	MDL										

Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4680 or via email at "srosenwi@dep.state.nj.us".

New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
NJ0005622	Month	Day	Year	To	Month	Day	Year	481A – SW Outfall 481A
	9	1	2004		9	30	2004	

**PERMITTEE:**

PSE&G NUCLEAR LLC  
PO BOX 236/N21  
ALLOWAY CREEK NEAK RD  
HANCOCKS BRIDGE, NJ 08038

**LOCATION OF ACTIVITY:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**

PSE&G NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

**CHECK IF APPLICABLE:**

☐ No Discharge this Monitoring Period

☐ Monitoring Report Comments Attached

**WHO MUST SIGN** The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of and/or imprisonment, pursuant to N.J.A.C. 7:14A-6.9(B). The New Jersey water Pollution Control Act provides for penalties up to \$50,000 per violation.

Michael H. Brothers, Vice President Operations

N/A

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR \*LICENSED OPERATOR

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR \*LICENSED OPERATOR

DATE

AREA CODE/PHONE NUMBER

*\*For a local agency where the highest-ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall sign the following certification:*

I certify under penalty of law and in accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attached discharge monitoring reports.

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER



# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:


FACILITY NAME:

NJ0005622

481A SW Outfall 481A

9/1/2004 TO 9/30/2004

PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	484	484	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
50050 1	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
Effluent Gross Value	MDL										
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.6	SU	0	1/week	GRAB
00400 1	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX			1/Week	GRAB
Effluent Gross Value	MDL										
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.9	SU	0	1/week	GRAB
00400 7	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX			1/Week	GRAB
Intake From Stream	MDL										
LC50 Statro 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****	*****	CODE=N	*****	*****	%EFFL	0	CODE=N	CODE=N
TAN6A 1	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****			2/Year	COMPOS
Effluent Gross Value	MDL										
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****	*****	*****	CODE=N	CODE=N	MG/L	0	CODE=N	CODE=N
*CPOX 1	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX			3/Week	GRAB
Effluent Gross Value Option 1	MDL										
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****	*****	*****	20.1	20.1	MG/L	0	3/week	GRAB
*CPOX 1	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX			3/Week	GRAB
Effluent Gross Value Option 2	MDL										

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

# Surface Water Discharge Monitoring Report

PI 46814

**PERMIT NUMBER:** NJ0005622     
 **MONITORED LOCATION:** 481A SW Outfall 481A     
 **MONITORING PERIOD:** 9/1/2004 TO 9/30/2004     
 **FACILITY NAME:** PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, °C 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	31.2	35.2		0	1/Day	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	MDL										
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		PA343	17451					
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	MDL										

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
NJ0005622	Month	Day	Year	To	Month	Day	Year	482A – SW Outfall 482A
	9	1	2004		9	30	2004	

**PERMITTEE:**  
PSE&G NUCLEAR LLC  
PO BOX 236/N21  
ALLOWAY CREEK NEAK RD  
HANCOCKS BRIDGE, NJ 08038

**LOCATION OF ACTIVITY:**  
PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**  
PSE&G NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County


CHECK IF APPLICABLE:

☐ No Discharge this Monitoring Period

☐ Monitoring Report Comments Attached

**WHO MUST SIGN** The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of and/or imprisonment, pursuant to N.J.A.C. 7:14A-6.9(B). The New Jersey water Pollution Control Act provides for penalties up to \$50,000 per violation.

Michael H. Brothers, Vice President Operations	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
	10/20/2004 856-339-2900
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER

*\*For a local agency where the highest-ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall sign the following certification:*

I certify under penalty of law and in accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attached discharge monitoring reports.

N/A	N/A	N/A	N/A
NANE AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

482A SW Outfall 482A

9/1/2004 TO 9/30/2004

PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	440	454	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
	MDL										
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.6	SU	0	1/week	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX			1/Week	GRAB
	MDL										
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.9	SU	0	1/week	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX			1/Week	GRAB
	MDL										
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	CODE=N	*****	*****	%EFFL	0	CODE=N	CODE=N
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****			2/Year	COMPOS
	MDL										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	CODE=N	CODE=N	MG/L	0	CODE=N	CODE=N
	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX			3/Week	GRAB
	MDL										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/week	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX			3/Week	GRAB
	MDL										

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall. .

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

482A SW Outfall 482A

9/1/2004 TO 9/30/2004

PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	31.4	35.8	DEG.C			
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX			1/Day	CONTIN
	MDL										
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		PA 343	17451					
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic.	NOT AP
	MDL										

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall. .

New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:												
NJ0005622	<table border="1"><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td>9</td><td>1</td><td>2004</td></tr></table> To <table border="1"><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td>9</td><td>30</td><td>2004</td></tr></table>	Month	Day	Year	9	1	2004	Month	Day	Year	9	30	2004	483A – SW Outfall 483A
Month	Day	Year												
9	1	2004												
Month	Day	Year												
9	30	2004												

**PERMITTEE:**  
PSE&G NUCLEAR LLC  
PO BOX 236/N21  
ALLOWAY CREEK NEAK RD  
HANCOCKS BRIDGE, NJ 08038

**LOCATION OF ACTIVITY:**  
PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**  
PSE&G NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE:

☐

No Discharge this Monitoring Period

☐

Monitoring Report Comments Attached

**WHO MUST SIGN** The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification.

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Michael H. Brothers, Vice President Operations

N/A

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR \*LICENSED OPERATOR

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR \*LICENSED OPERATOR

DATE

AREA CODE/PHONE NUMBER

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I certify under penalty of law and in accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attached discharge monitoring reports.

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

# Surface Water Discharge Monitoring Report

PI 46814

**PERMIT NUMBER:** NJ0005622     
 **MONITORED LOCATION:** 483A SW Outfall 483A     
 **MONITORING PERIOD:** 9/1/2004 TO 9/30/2004     
 **FACILITY NAME:** PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	416	454		*****	*****	*****		0	1/Day	CALCTD
50050 1	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Day	CALCTD
Effluent Gross Value	MDL										
pH	SAMPLE MEASUREMENT	*****	*****		7.2	*****	7.6		0	1/Week	GRAB
00400 1	PERMIT REQUIREMENT	*****	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	SU		1/Week	GRAB
Effluent Gross Value	MDL										
pH	SAMPLE MEASUREMENT	*****	*****		7.4	*****	7.9		0	1/Week	GRAB
00400 7	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01DAMN	*****	REPORT 01DAMX	SU		1/Week	GRAB
Intake From Stream	MDL										
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	CODE=N	CODE=N		0	CODE=N	CODE=N
*CPOX 1	PERMIT REQUIREMENT	*****	*****	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Effluent Gross Value Option 1	MDL										
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	<0.1	<0.1		0	3/Week	GRAB
*CPOX 1	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Effluent Gross Value Option 2	MDL										
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	31.3	34.9		0	1/Day	CONTIN
00010 1	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Effluent Gross Value	MDL										

Comments: Any questions in regards to the monitoring report form can be directed to S. Rosenwinkel of the BPSP - Region 2 at (609)292-4860.

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:


FACILITY NAME:

NJ0005622

483A SW Outfall 483A

9/1/2004 TO 9/30/2004

PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		PA343	17451					
99999 99	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
Lab	MDL										

Comments: Any questions in regards to the monitoring report form can be directed to S. Rosenwinkel of the BPSP - Region 2 at (609)292-4860.



New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT  NJ0005622	MONITORING PERIOD						MONITORED LOCATION:  484A – SW Outfall 484A
	Month 9	Day 1	Year 2004	To	Month 9	Day 30	

**PERMITTEE:**

PSE&G NUCLEAR LLC  
PO BOX 236/N21  
ALLOWAY CREEK NEAK RD  
HANCOCKS BRIDGE, NJ 08038

**LOCATION OF ACTIVITY:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**

PSE&G NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPICABLE:

☐ No Discharge this Monitoring Period

☐ Monitoring Report Comments Attached

**WHO MUST SIGN** The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification.

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Michael H. Brothers, Vice President Operations

N/A

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR \*LICENSED OPERATOR

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR \*LICENSED OPERATOR

DATE

AREA CODE/PHONE NUMBER

*\*For a local agency where the highest-ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall sign the following certification:*

I certify under penalty of law and in accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attached discharge monitoring reports.

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:


FACILITY NAME:

NJ0005622

484A SW Outfall 484A

9/1/2004 TO 9/30/2004

PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	405	453		*****	*****	*****		0	1/Day	CALCTD
50050 1	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Day	CALCTD
Effluent Gross Value	MDL										
pH	SAMPLE MEASUREMENT	*****	*****		7.2	*****	7.6		0	1/Week	GRAB
00400 1	PERMIT REQUIREMENT	*****	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	SU		1/Week	GRAB
Effluent Gross Value	MDL										
pH	SAMPLE MEASUREMENT	*****	*****		7.4	*****	7.9		0	1/Week	GRAB
00400 7	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01DAMN	*****	REPORT 01DAMX	SU		1/Week	GRAB
Intake From Stream	MDL										
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****		CODE=N	*****	*****		0	CODE=N	CODE=N
TAN6A 1	PERMIT REQUIREMENT	*****	*****	*****	50 01DAMN	*****	*****	%EFFL		2Year	COMPOS
Effluent Gross Value	MDL										
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	CODE=N	CODE=N		0	CODE=N	CODE=N
*CPOX 1	PERMIT REQUIREMENT	*****	*****	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Effluent Gross Value Option 1	MDL										
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	<0.1	<0.1		0	3/Week	GRAB
*CPOX 1	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Effluent Gross Value Option 2	MDL										

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

484A SW Outfall 484A

9/1/2004 TO 9/30/2004

PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	32.3	38.1	DEG.C	0	1/Day	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX			1/Day	CONTIN
	MDL										
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		PA343	17451					
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	MDL										

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
NJ0005622	Month	Day	Year	To	Month	Day	Year	485A – SW Outfall 485A
	9	1	2004		9	30	2004	

**PERMITTEE:**  
PSE&G NUCLEAR LLC  
PO BOX 236/N21  
ALLOWAY CREEK NEAK RD  
HANCOCKS BRIDGE, NJ 08038

**LOCATION OF ACTIVITY:**  
PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**  
PSE&G NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE:

☐

No Discharge this Monitoring Period

☐

Monitoring Report Comments Attached

**WHO MUST SIGN** The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of and/or imprisonment, pursuant to N.J.A.C. 7:14A-6.9(B). The New Jersey water Pollution Control Act provides for penalties up to \$50,000 per violation.

Michael H. Brothers, Vice President Operations

N/A

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR \*LICENSED OPERATOR

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR \*LICENSED OPERATOR

DATE

AREA CODE/PHONE NUMBER

*\*For a local agency where the highest-ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall sign the following certification:*

I certify under penalty of law and in accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attached discharge monitoring reports.

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

485A SW Outfall 485A

9/1/2004 TO 9/30/2004

PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	292	428		*****	*****	*****		0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Day	CALCTD
	MDL										
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		7.3	*****	7.7		0	1/week	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	SU		1/Week	GRAB
	MDL										
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****		7.4	*****	7.9		0	1/week	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01DAMN	*****	REPORT 01DAMX	SU		1/Week	GRAB
	MDL										
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		CODE=N	*****	*****		0	CODE=N	CODE=N
	PERMIT REQUIREMENT	*****	*****	*****	50 01DAMN	*****	*****	%EFFL		2/Year	COMPOS
	MDL										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****		*****	CODE=N	CODE=N		0	CODE=N	CODE=N
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
	MDL										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****		*****	20.1	20.1		0	3/week	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
	MDL										

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

# Surface Water Discharge Monitoring Report

PI 46814

**PERMIT NUMBER:** NJ0005622     
 **MONITORED LOCATION:** 485A SW Outfall 485A     
 **MONITORING PERIOD:** 9/1/2004 TO 9/30/2004     
 **FACILITY NAME:** PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	32.5	36.1		0	1/Day	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	MDL										
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06451		PA343	17451					
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	MDL										

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:												
NJ0005622	<table border="1"><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td>9</td><td>1</td><td>2004</td></tr></table> To <table border="1"><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td>9</td><td>30</td><td>2004</td></tr></table>	Month	Day	Year	9	1	2004	Month	Day	Year	9	30	2004	486A – SW Outfall 486A
Month	Day	Year												
9	1	2004												
Month	Day	Year												
9	30	2004												

**PERMITTEE:**

PSE&G NUCLEAR LLC  
PO BOX 236/N21  
ALLOWAY CREEK NEAK RD  
HANCOCKS BRIDGE, NJ 08038

**LOCATION OF ACTIVITY:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**

PSE&G NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE:

☐ No Discharge this Monitoring Period

☐ Monitoring Report Comments Attached

**WHO MUST SIGN** The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification.

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Michael H. Brothers, Vice President Operations

N/A

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR \*LICENSED OPERATOR

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR \*LICENSED OPERATOR

DATE

AREA CODE/PHONE NUMBER

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I certify under penalty of law and in accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attached discharge monitoring reports.

N/A

N/A

N/A

N/A

NANE AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

486A SW Outfall 486A

9/1/2004 TO 9/30/2004

PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	458	464		*****	*****	*****		0	1/Day	CALCTD
50050 1	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Day	CALCTD
Effluent Gross Value	MDL										
pH	SAMPLE MEASUREMENT	*****	*****		7.4	*****	7.6		0	1/week	GRAB
00400 1	PERMIT REQUIREMENT	*****	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	SU		1/Week	GRAB
Effluent Gross Value	MDL										
pH	SAMPLE MEASUREMENT	*****	*****		7.4	*****	7.9		0	1/week	GRAB
00400 7	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01DAMN	*****	REPORT 01DAMX	SU		1/Week	GRAB
Intake From Stream	MDL										
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	CODE=N	CODE=N		0	00PK=N	CODE=N
*CPOX 1	PERMIT REQUIREMENT	*****	*****	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Effluent Gross Value Option 1	MDL										
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	<0.1	<0.1		0	3/week	GRAB
*CPOX 1	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Effluent Gross Value Option 2	MDL										
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	31.3	35.3		0	1/Day	CONTIN
00010 1	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Effluent Gross Value	MDL										

Comments: Any questions in regards to the monitoring report form can be directed to S. Rosenwinkel of the BPSP - Region 2 at (609)292-4860.



# Surface Water Discharge Monitoring Report

PI 46814

**PERMIT NUMBER:** NJ0005622     
 **MONITORED LOCATION:** 486A SW Outfall 486A     
 **MONITORING PERIOD:** 9/1/2004 TO 9/30/2004     
 **FACILITY NAME:** PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		PA 343	17451					
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	MDL										

Comments: Any questions in regards to the monitoring report form can be directed to S. Rosenwinkel of the BPSP - Region 2 at (609)292-4860.

New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD							MONITORED LOCATION:	
NJ0005622	Month	Day	Year	To	Month	Day	Year	487B – SW Outfall 487B	
	9	1	2004		9	30	2004		

**PERMITTEE:**

PSE&G NUCLEAR LLC  
PO BOX 236/N21  
ALLOWAY CREEK NEAK RD  
HANCOCKS BRIDGE, NJ 08038

**LOCATION OF ACTIVITY:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**

PSE&G NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPICABLE:

☐

No Discharge this Monitoring Period

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Monitoring Report Comments Attached

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N/A

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GRADE AND REGISTRY NUMBER (IF APPLICABLE)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR \*LICENSED OPERATOR

DATE

AREA CODE/PHONE NUMBER

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N/A

N/A

N/A

N/A

NANE AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD							MONITORED LOCATION:
NJ0005622	Month	Day	Year	To	Month	Day	Year	489A – SW Outfall 489A
	9	1	2004		9	30	2004	

**PERMITTEE:**

PSE&G NUCLEAR LLC  
PO BOX 236/N21  
ALLOWAY CREEK NEAK RD  
HANCOCKS BRIDGE, NJ 08038

**LOCATION OF ACTIVITY:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**

PSE&G NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

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N/A

N/A

N/A

N/A

NANE AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:


FACILITY NAME:

NJ0005622

489A SW Outfall 489A

9/1/2004 TO 9/30/2004

PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.1152	0.1152	MGD	*****	*****	*****	*****	0	1/Month	CALCTD
50050 1	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Month	CALCTD
Effluent Gross Value	MDL										
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	SU	0	1/Month	GRAB
00400 1	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX			1/Month	GRAB
Effluent Gross Value	MDL										
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****	*****	< 1	< 1	*****	MG/L	0	1/Month	GRAB
00530 1	PERMIT REQUIREMENT	*****	*****		100 01DAMX	30 01MOAV	*****			1/Month	GRAB
Effluent Gross Value	MDL										
Petroleum Hydrocarbons	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 0.5	< 0.5	MG/L	0	1/Month	GRAB
00551 1	PERMIT REQUIREMENT	*****	*****		*****	10 01MOAV	15 01DAMX			1/Month	GRAB
Effluent Gross Value	MDL										
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	*****	*****	*****	5	5	MG/L	0	1/Month	GRAB
00680 1	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	50 01DAMX			1/Month	GRAB
Effluent Gross Value	MDL										
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		PA343	17451					
99999 99	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
Lab	MDL										

Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the the BPSP - Region 2 at (609)292-4860 or via email at "srosenwl@dep.state.nj.us".